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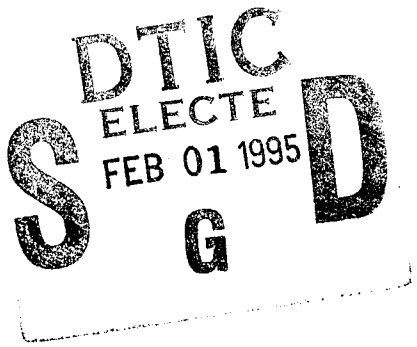
Health Reports



GAO/HRD-92-84

Preface

Health Reports is a list of reports and testimonies issued by the General Accounting Office (GAO) over the past 2 years. Organized chronologically, the entries provide a title, report number, and issue date for each GAO health product. Reports and testimonies on the same topic may be combined into a single entry.

The first section—Recent GAO Products—summarizes reports and testimonies on selected health issues published from November 1991 through February 1992. The summaries are followed by a list of additional products published during the same period. The remainder of Health Reports is a list of health products published from February 1990 through February 1992 organized by subject areas as shown in the table of contents. As appropriate, entries have been cross-indexed and are included in more than one subject area. An order form to request GAO products is included at the back of this report.

Contents

Abbreviations

ADMS	Alcohol, Drug Abuse and Mental Health Services
ADP	automatic data processing
AIDS	acquired immunodeficiency syndrome
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
DOD	Department of Defense
FDA	Food and Drug Administration
GAO	General Accounting Office
HCFA	Health Care Financing Administration
HHA	home health agency
HHS	Department of Health and Human Services
HMO	health maintenance organization
MSP	Medicare secondary payer
NAIC	National Association of Insurance Commissioners
OSHA	Occupational Safety and Health Administration
PRO	peer review organization
VA	Department of Veterans Affairs

Recent GAO Products (Nov. 1991—Feb. 1992)

Summaries of Selected Reports

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Feb. 13, 1992, GAO/HRD-92-36).

In most states, per capita spending on personal health care is near the U.S. average of $2,255 per capita in 1990. Many states with higher spending levels are concentrated in the Northeast, Midwest, and Far West, while many states with lower per capita spending are in the South and Rocky Mountain regions. Differences among states result largely from factors that state governments can do little to control. Most state differences in per capita personal health spending result from variations in personal income, health care services' capacity (including the number of physicians and hospital and nursing home beds), the concentration of hospital services in urban areas, and health status.

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Feb. 28, 1992, GAO/HRD-92-54).

The overall percentages of premiums that insurance companies returned to Medigap policyholders as benefits (called the loss ratio) declined from 1988 to 1989. Federal minimum standards on loss ratios were the same in 1988 and 1989: 75 percent for policies sold to groups and 60 percent for policies sold to individuals. Medigap insurers' 1988 loss ratios were 85.6 percent on individual policies and 95.7 percent on group policies. In 1989, the aggregate loss ratios for both types of policies were about 82 percent.

Medicare: Over $1 Billion Should Be Recovered From Primary Health Insurers (Feb. 21, 1992, GAO/HRD-92-52).

Medicare contractors have significant backlogs of mistaken payments for Medicare beneficiaries that are unrecovered from primary health insurers. Medicare contractors recently surveyed by HCFA reported backlogs of over $1 billion in Medicare payments that were mistakenly paid. These backlogs could increase as a result of (1) a recently initiated HCFA effort to identify additional primary insurers and (2) contractors' research of previously paid beneficiary claims. Millions of dollars may be lost due to an HHS regulation that limits the time a contractor has to initiate recovery on a claim after it identifies a primary insurer. Collections of Medicare secondary payer (MSP) program mistaken payments far exceed carriers' cost of recovery. Medicare contractors advised HCFA that inadequate MSP funding is the reason for backlogs of mistaken payments.

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Jan. 31, 1992, GAO/HRD-92-34).

Student drug use is a problem in rural areas. Most school districts are implementing multifaceted programs to combat the student drug problem. Drug-Free Schools grants are the primary source of drug education and prevention funding in over half of all rural school districts.

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Jan. 31, 1992, GAO/HRD-92-24).

Allowing hospitals additional reimbursement for home health services is consistent with Medicare payment principles and federal legislation. This added amount is designed to pay a hospital for legitimate costs allocated to its home health agency (HHA) if those costs cause its total HHA costs to exceed predetermined Medicare cost limits. The effect of this policy is to pay some hospitals more than freestanding HHAs for the same services. In some instances these added payments may not be necessary to assure beneficiary access to home health care.

VA Health Care for Women: Despite Progress, Improvements Needed (Jan. 23, 1992, GAO/HRD-92-23).

VA has made significant progress since 1982 toward ensuring that female veterans have equal access to health care as male veterans. However, some problems remain in caring for women veterans. Physical examinations, including cancer screening, continue to be sporadic. VA medical centers are inadequately monitoring in-house mammography programs to ensure compliance with American College of Radiology quality standards.

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (Jan. 16, 1992, GAO/PEMD-92-2).

Definitive evidence is not yet available to demonstrate the effectiveness of the comprehensive, community-based drug abuse prevention programs GAO surveyed or visited; nevertheless, some programs appear to be making much more headway than others. GAO found similarities in the ways that the most promising programs delivered services, even though the services themselves were often quite different.

Budget Issues: 1991 Budget Estimates: What Went Wrong (Jan. 15, 1992, GAO/OCG-92-1).

One chapter of this report addresses issues affecting accurate forecasts of federal Medicaid expenditures. Specifically, the fiscal year 1991 estimates of federal Medicaid outlays made in January 1990 were $7.5 billion lower than the actual outlays reported in October 1991, a 14-percent estimation error. Medicaid cost estimates increased because of federal and state legislation, court decisions, and other program changes affecting eligibility and reimbursement rates. Federal expenditures grew because of increased use of states' provider donations and provider-specific taxes. Changes in economic conditions also affected Medicaid spending.

Hispanic Access to Health Care: Significant Gaps Exist (Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Hispanics are much less likely than others to have health insurance coverage. In 1989, 33 percent of all Hispanics were without health insurance. Lack of insurance was especially acute for the Mexican-American community, where 37 percent were uninsured. Employment and income are key determinants of the high rates of noninsurance among Hispanics. In some states, Hispanics, particularly Mexican-Americans, have difficulty in gaining access to Medicaid because of stringent state eligibility criteria.

Drug Abuse Research: Federal Funding and Future Needs (Jan. 14, 1992, GAO/PEMD-92-5). Testimony on same topic (Sept. 25, 1991, GAO/PEMD-T-91-14).

The National Institute on Drug Abuse in the Department of Health and Human Services and Office of Justice Programs in the Department of Justice are the two principal agencies receiving federal support for drug abuse research. Funding for drug abuse research increased by over 200 percent between 1980 and 1990 and by over 400 percent if funding for AIDS is included. Experts that GAO spoke with identified the importance of further research on the psychological and social/environmental factors that lead to drug abuse.

Medical Malpractice: Alternatives to Litigation (Jan. 10, 1992, GAO/HRD-92-28).

Arbitration and no-fault programs are alternatives to litigation. Fifteen states have specific statutes on medical malpractice arbitration. Virginia

and Florida enacted statutes authorizing no-fault programs to resolve certain birth-related injury claims. Michigan is the only state that (1) has a method to make patients aware of the arbitration option and (2) established a program to implement its statute's requirements. But even in Michigan, relatively few malpractice claims have been filed for arbitration compared with those filed for litigation. At least two private sector HMOs, covering over 6 million enrollees, have mandated the use of arbitration to resolve malpractice claims. Also, a demonstration project in Maine has established standards of care in four specialties. Starting in 1992, those participating physicians who follow the standards may be protected from litigation. However, Maine officials expect the legality of the approach to be challenged.

Long-Term Care Insurance: Risks to Consumers Should Be Reduced (Dec. 26, 1991, GAO/HRD-92-14). Testimony on same topic (Apr. 11, 1991, GAO/T-HRD-91-14).

The National Association of Insurance Commissioners (NAIC) model standards for long-term care insurance provide greater consumer protection than existed before 1986. However, consumers are still vulnerable to considerable risks. GAO discusses additional standards that are necessary to improve consumer protection. Moreover, if states do not adopt NAIC standards, the Congress may wish to consider enacting legislation that sets minimum federal standards for long-term care insurance.

Breast Cancer, 1971-91: Prevention, Treatment, and Research (Dec. 11, 1991, GAO/PEMD-92-12). Testimony on same topic (Dec. 11, 1991, GAO/T-PEMD-92-4).

The last 20 years can be summarized both as a period of major advances against breast cancer and as one when the most important indicators of progress have seen no improvement. GAO assessed the potential for future advances in the prevention of breast cancer.

Medical Residents: Options Exist to Make Student Loan Payments Manageable (Nov. 26, 1991, GAO/HRD-92-21).

Beginning in January 1990, the Congress limited medical residency deferments for repayment of Stafford loans to 2 years. This limitation may cause financial hardship for medical residents. However, medical residents can make their student loan debt more manageable by exercising debt

relief options, such as the forbearance of principal and interest for Stafford loan payments. The Congress may want to consider amendments that would require lenders to grant residents' requests for such debt relief.

Health Care Spending Control: The Experience of France, Germany, and Japan (Nov. 15, 1991, GAO/HRD-92-9). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

France, Germany, and Japan achieve near-universal health insurance coverage. This report describes these countries' health insurance and financing methods, their policies intended to restrain health care spending increases, and the effectiveness of these policies. While GAO does not endorse the specific health systems of these countries, their strengths and weaknesses could be instructive in helping resolve U.S. health care problems.

Medicare: HCFA Needs to Take Stronger Actions Against HMOs Violating Federal Standards (Nov. 12, 1991, GAO/HRD-92-11). Testimony on same topic (Nov. 15, 1991, GAO/T-HRD-92-11).

During the past decade, the Health Care Financing Administration (HCFA) has encouraged Medicare beneficiaries to enroll in health maintenance organizations (HMOs). Yet HCFA has not been able to get certain HMOs to promptly correct Medicare violations. Widespread problems with Humana Medical Plan in Florida, Medicare's largest HMO contractor, demonstrate HCFA's unwillingness and inability to enforce Medicare's minimum beneficiary safeguard standards.

Defense Health Care: CHAMPUS Mental Health Benefits Greater Than Those Under Other Health Plans (Nov. 7, 1991, GAO/HRD-92-20).

DOD's Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pays for a substantial portion of the health care that civilian hospitals, physicians, and other providers give to DOD beneficiaries. This report compares available CHAMPUS benefits for mental and substance abuse treatment with similar benefits under private sector plans and under the Federal Employees Health Benefits Program. CHAMPUS benefits and cost-sharing requirements for mental health and substance abuse are more generous than those offered to private sector and federal employees.

List of Additional GAO Health Products

VA Health Care: VA Plans Will Delay Establishment of Hawaii Medical Center (Feb. 25, 1992, GAO/HRD-92-41).

FDA Regulations: Sustained Management Attention Needed to Improve Timely Issuance (Feb. 21, 1992, GAO/HRD-92-35).

Hired Farmworkers: Health and Well-Being at Risk (Feb. 14, 1992, GAO/HRD-92-46).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Feb. 12, 1992, GAO/GGD-92-27).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Feb. 5, 1992, GAO/T-NSIAD-92-8).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Jan. 29, 1992, GAO/HRD-92-53).

VA Health Care: Modernizing VA's Mail-Service Pharmacies Should Save Millions of Dollars (Jan. 22, 1992, GAO/HRD-92-30).

International Environment: Kuwaiti Oil Fires—Chronic Health Risks Unknown but Assessments Are Under Way (Jan. 16, 1992, GAO/RCED-92-80BR).

Defense Health Care: Transfers of Military Personnel With Disabled Children (Jan. 9, 1992, GAO/HRD-92-15).

Defense Health Care: Efforts to Address Health Effects of the Kuwait Oil Well Fires (Jan. 9, 1992, GAO/HRD-92-50).

Veterans' Benefits: Savings from Reducing VA Pensions to Medicaid-Supported Nursing Home Residents (Dec. 27, 1991, GAO/HRD-92-32).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1991 (Dec. 17, 1991, GAO/HRD-92-57).

VA Health Care: Compliance With Joint Commission Accreditation Requirements Is Improving (Dec. 13, 1991, GAO/HRD-92-19).

DOD Medical Inventory: Reductions Can Be Made Through the Use of Commercial Practices (Dec. 5, 1991, GAO/NSIAD-92-58). Testimony on same topic (Dec. 5, 1991, GAO/T-NSIAD-92-6).

Occupational Safety & Health: OSHA Action Needed to Improve Compliance With Hazard Communication Standard (Nov. 26, 1991, GAO/HRD-92-8).

Medicare: Effect of Durable Medical Equipment Fee Schedules on Six Suppliers' Profits (Nov. 6, 1991, GAO/HRD-92-22).

Significant Reductions in Corporate Retiree Health Liabilities Projected If Medicare Eligibility Age Lowered to 60 (Nov. 5, 1991, GAO/T-HRD-92-7).

Health Financing and Access

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Feb. 28, 1992, GAO/HRD-92-54).

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Feb. 13, 1992, GAO/HRD-92-36).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Feb. 12, 1992, GAO/GGD-92-27).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Jan. 15, 1992, GAO/OCG-92-1).

Hispanic Access to Health Care: Significant Gaps Exist (Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Health Care Spending Control: The Experience of France, Germany, and Japan (Nov. 15, 1991, GAO/HRD-92-9). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Sept. 27, 1991, GAO/PEMD-91-14).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Sept. 17, 1991, GAO/T-HRD-91-47).

Managed Care: Oregon Program Appears Successful but Expansion Should Be Implemented Cautiously (Sept. 16, 1991, GAO/T-HRD-91-48).

Rural Hospitals: Closures and Issues of Access (Sept. 4, 1991, GAO/T-HRD-91-46).

Nonprofit Hospitals: Better Standards Needed for Tax Exemption (July 10, 1991, GAO/T-HRD-91-43). Report on same topic (May 30, 1990, GAO/HRD-90-84).

Private Health Insurance: Problems Caused by a Segmented Market (July 2, 1991, GAO/HRD-91-114). Testimony on same topic (May 2, 1991, GAO/T-HRD-91-21).

U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform (June 10, 1991, GAO/HRD-91-102). Testimony on same topic (Apr. 17, 1991, GAO/T-HRD-91-16).

Canadian Health Insurance: Lessons for the United States (June 4, 1991, GAO/HRD-91-90). Testimony on same topic (June 4, 1991, GAO/T-HRD-91-35).

Trauma Care: Lifesaving System Threatened by Unreimbursed Costs and Other Factors (May 17, 1991, GAO/HRD-91-57).

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (May 6, 1991, GAO/T-HRD-91-25).

Workers at Risk: Increased Numbers in Contingent Employment Lack Insurance, Other Benefits (Mar. 8, 1991, GAO/HRD-91-56).

Medigap Insurance: Better Consumer Protection Should Result From 1990 Changes to Baucus Amendment (Mar. 5, 1991, GAO/HRD-91-49).

Rural Hospitals: Federal Efforts Should Target Areas Where Closures Would Threaten Access to Care (Feb. 15, 1991, GAO/HRD-91-41).

Health Insurance Coverage: A Profile of the Uninsured in Selected States (Feb. 8, 1991, GAO/HRD-91-31FS).

Home Visiting: A Promising Early Intervention Service Delivery Strategy (Oct. 2, 1990, GAO/T-HRD-91-02). Report on same topic (July 11, 1990, GAO/HRD-90-83).

Budget Issues: Effects of the Fiscal Year 1990 Sequester on the Department of Health and Human Services (Aug. 9, 1990, GAO/HRD-90-158FS).

Rural Hospitals: Factors That Affect Risk of Closure (June 19, 1990, GAO/HRD-90-134).

Rural Hospitals: Federal Leadership and Targeted Programs Needed (June 12, 1990, GAO/HRD-90-67).

Health Insurance: A Profile of the Uninsured in Michigan and the U.S. (May 31, 1990, GAO/HRD-90-97).

Health Insurance: Cost Increases Lead to Coverage Limitations and Cost Shifting (May 22, 1990, GAO/HRD-90-68).

Medicare and Medicaid

Medicare: Over $1 Billion Should Be Recovered From Primary Health Insurers (Feb. 21, 1992, GAO/HRD-92-52).

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Jan. 31, 1992, GAO/HRD-92-24).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Jan. 29, 1992, GAO/HRD-92-53).

Veterans' Benefits: Savings from Reducing VA Pensions to Medicaid-Supported Nursing Home Residents (Dec. 27, 1991, GAO/HRD-92-32).

Medicare: HCFA Needs to Take Stronger Actions Against HMOs Violating Federal Standards (Nov. 15, 1991, GAO/T-HRD-92-11). Report on same topic (Nov. 12, 1991, GAO/HRD-92-11).

Medicare: Effect of Durable Medical Equipment Fee Schedules on Six Suppliers' Profits (Nov. 6, 1991, GAO/HRD-92-22).

Significant Reductions in Corporate Retiree Health Liabilities Projected If Medicare Eligibility Age Lowered to 60 (Nov. 5, 1991, GAO/T-HRD-92-7).

Medicare: Millions of Dollars in Mistaken Payments Not Recovered (Oct. 21, 1991, GAO/HRD-92-26).

Medicare: Improper Handling of Beneficiary Complaints of Provider Fraud and Abuse (Oct. 2, 1991, GAO/HRD-92-1). Testimony on same topic (Oct. 2, 1991, GAO/T-HRD-92-2).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Sept. 18, 1991, GAO/HRD-91-139).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Sept. 5, 1991, GAO/HRD-91-54).

Medicare: Information Needed to Assess Payments to Providers (Aug. 8, 1991, GAO/HRD-91-113).

Medicaid Expansions: Coverage Improves but State Fiscal Problems Jeopardize Continued Progress (June 25, 1991, GAO/HRD-91-78).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (June 13, 1991, GAO/HRD-91-92).

Medicare: Further Changes Needed to Reduce Program Costs (June 13, 1991, GAO/T-HRD-91-34). Report on same topic (May 15, 1991, GAO/HRD-91-67).

Medicare: Payments for Clinical Laboratory Test Services Are Too High (June 10, 1991, GAO/HRD-91-59).

Medicare: Flawed Data Add Millions to Teaching Hospital Payments (June 4, 1991, GAO/IMTEC-91-31).

Medicaid: Alternatives for Improving the Distribution of Funds (May 20, 1991, GAO/HRD-91-66FS). Testimony on same topic (Dec. 7, 1990, GAO/T-HRD-91-5).

Medicare: Variations in Payments to Anesthesiologists Linked to Anesthesia Time (Apr. 30, 1991, GAO/HRD-91-43).

Medicare: HCFA Should Improve Internal Controls Over Part B Advance Payments (Apr. 17, 1991, GAO/HRD-91-81).

Medicaid: HCFA Needs Authority to Enforce Third-Party Requirements on States (Apr. 11, 1991, GAO/HRD-91-60).

Medicare: Millions in Disabled Beneficiary Expenditures Shifted to Employers (Apr. 10, 1991, GAO/HRD-91-24).

Medicare Claims Processing: HCFA Can Reduce the Disruptions Caused by Replacing Contractors (Apr. 4, 1991, GAO/HRD-91-44).

Medicare: Need for Consistent National Payment Policy for Special Anesthesia Services (Mar. 13, 1991, GAO/HRD-91-23).

Medicare: PRO Review Does Not Assure Quality of Care Provided by Risk HMOs (Mar. 13, 1991, GAO/T-HRD-91-12). Report on same topic (Mar. 12, 1991, GAO/HRD-91-48).

Medicare: Millions in Potential Recoveries Not Being Sought By Contractors (Feb. 26, 1991, GAO/T-HRD-91-8).

Prenatal Care: Early Success in Enrolling Women Made Eligible by Medicaid Expansions (Feb. 11, 1991, GAO/PEMD-91-10).

Medicare: Millions in Potential Recoveries Not Being Sought by Maryland Contractor (Jan. 25, 1991, GAO/HRD-91-32).

Medicaid: Legislation Needed to Improve Collections from Private Insurers (Nov. 30, 1990, GAO/HRD-91-25).

Medicaid: Millions of Dollars Not Recovered From Blue Cross/Blue Shield (Nov. 30, 1990, GAO/HRD-91-12).

Medicare: Comparison of Two Methods of Computing Home Health Care Costs Limits (Sept. 28, 1990, GAO/HRD-90-167).

Long-Term Care Insurance: Proposals to Link Private Insurance and Medicaid Need Close Scrutiny (Sept. 10, 1990, GAO/HRD-90-154).

Nursing Homes: Admission Problems for Medicaid Recipients and Attempts to Solve Them (Sept. 5, 1990, GAO/HRD-90-135).

Medicare: Options to Provide Home Dialysis Aides (Aug. 31, 1990, GAO/HRD-90-153).

Medicaid: Oversight of Health Maintenance Organizations in Chicago Area (Aug. 27, 1990, GAO/HRD-90-81).

ADP Systems: HCFA's Failure to Follow Guidelines Makes System Effectiveness Uncertain (July 26, 1990, GAO/IMTEC-90-53).

Medicare: Comparative Analysis of Payments for Selected Hospital Services (July 6, 1990, GAO/HRD-90-108).

HCFA Needs Better Assurance That Hospitals Meet Medicare Conditions of Participation (June 21, 1990, GAO/T-HRD-90-44).

Medicare: HCFA Can Reduce Paperwork Burden for Physicians and Their Patients (June 20, 1990, GAO/HRD-90-86).

Medicare: Second Status Report on Medicare Insured Group Demonstration Projects (June 6, 1990, GAO/HRD-90-117).

Medicare: Employer Insurance Primary Payer for 11 Percent of Disabled Beneficiaries (May 10, 1990, GAO/HRD-90-79).

Medicaid: Sources of Information on Mental Health Services (May 7, 1990, GAO/HRD-90-100).

Medicare: Alternatives for Computing Payments for Hospital Outpatient Surgery (Apr. 3, 1990, GAO/HRD-90-78).

Medicare Catastrophic: Roll Back of Premiums on Schedule (Mar. 16, 1990, GAO/IMTEC-90-30).

Medicare and Medicaid: More Information Exchange Could Improve Detection of Substandard Care (Mar. 7, 1990, GAO/HRD-90-29).

Medicare Part A Reimbursements: Processing of Appeals Is Slow (Feb. 9, 1990, GAO/HRD-90-23BR).

Medicare: Withdrawing Eyeglass Coverage Recommended Following Cataract Surgery (Feb. 8, 1990, GAO/HRD-90-31).

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Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Jan. 31, 1992, GAO/HRD-92-34).

AIDS-Prevention Programs: High-Risk Groups Still Prove Hard to Reach (June 14, 1991, GAO/HRD-91-52).

Mental Health Grants: Funding Not Distributed in Accordance With State Needs (May 16, 1991, GAO/T-HRD-91-32).

Medical Malpractice: Data on Claims Needed to Evaluate Health Centers' Insurance Alternatives (May 2, 1991, GAO/HRD-91-98).

Community Health Centers: Hospitals Can Become Centers Under Certain Conditions (Mar. 22, 1991, GAO/HRD-91-77FS).

Accidental Shootings: Many Deaths and Injuries Caused by Firearms Could Be Prevented (Mar. 19, 1991, GAO/PEMD-91-9).

Indian Health Service: Funding Based on Historical Patterns, Not Need (Feb. 21, 1991, GAO/HRD-91-5).

Mental Health Plans: Many States May Not Meet Deadlines for Plan Implementation (Sept. 18, 1990, GAO/HRD-90-142).

National Health Service Corps: Program Unable to Meet Need for Physicians in Underserved Areas (Aug. 10, 1990, GAO/HRD-90-128).

Health Care: Public Health Service Funding of Community Health Centers in New York City (Aug. 17, 1990, GAO/HRD-90-121).

Minority Health: Information on Activities of HHS's Office of Minority Health (June 6, 1990, GAO/HRD-90-140FS).

AIDS Education: Programs for Out-of-School Youth Slowly Evolving (May 1, 1990, GAO/HRD-90-111).

AIDS Education: Public School Programs Require More Student Information and Teacher Training (May 1, 1990, GAO/HRD-90-103).

Black Lung Program: Further Improvements Can Be Made in Claims Adjudication (Mar. 21, 1990, GAO/HRD-90-75).

Health Quality and Practice Standards

Breast Cancer, 1971-91: Prevention, Treatment, and Research (Dec. 11, 1991, GAO/PEMD-92-12). Testimony on same topic (Dec. 11, 1991, GAO/T-PEMD-92-4).

VA Health Care: Compliance With Joint Commission Accreditation Requirements Is Improving (Dec. 13, 1991, GAO/HRD-92-19).

Screening Mammography: Quality Standards Are Needed in a Developing Market (Oct. 24, 1991, GAO/T-HRD-92-3).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Sept. 5, 1991, GAO/HRD-91-54).

Health Care: Hospitals With Quality-of-Care Problems Need Closer Monitoring (May 9, 1991, GAO/HRD-91-40).

Health Care: Limited State Efforts to Assure Quality of Care Outside Hospitals (Apr. 29, 1991, GAO/T-HRD-91-20).

Medicare: PRO Review Does Not Assure Quality of Care Provided by Risk HMOs (Mar. 13, 1991, GAO/T-HRD-91-12). Report on same topic (Mar. 12, 1991, GAO/HRD-91-48).

Practice Guidelines: The Experience of Medical Specialty Societies (Feb. 21, 1991, GAO/PEMD-91-11).

Medical ADP Systems: Automated Medical Records Hold Promise to Improve Patient Care (Jan. 22, 1991, GAO/IMTEC-91-5).

Information Systems: National Health Practitioner Data Bank Has Not Been Well Managed (Aug. 21, 1990, GAO/IMTEC-90-68).

Medicare Appeals Process: Part B Changes Appear to Be Fulfilling Their Purpose (July 16, 1990, GAO/HRD-90-57).

HCFA Needs Better Assurance That Hospitals Meet Medicare Conditions of Participation (June 21, 1990, GAO/T-HRD-90-44).

Health Care: Criteria Used to Evaluate Hospital Accreditation Process Need Reevaluation (June 11, 1990, GAO/HRD-90-89).

Medical Licensing by Endorsement: Requirements Differ for Graduates of Foreign and U.S. Medical Schools (May 17, 1990, GAO/HRD-90-120).

Infection Control: Military Programs Are Comparable to VA and Nonfederal Programs but Can Be Enhanced (Apr. 27, 1990, GAO/HRD-90-74).

Medicare and Medicaid: More Information Exchange Could Improve Detection of Substandard Care (Mar. 7, 1990, GAO/HRD-90-29).

Quality Assurance: A Comprehensive National Strategy for Health Care Is Needed (Feb. 21, 1990, GAO/PEMD-90-14BR).

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Long-Term Care Insurance: Risks to Consumers Should Be Reduced (Dec. 26, 1991, GAO/HRD-92-14). Testimony on same topic (Apr. 11, 1991, GAO/T-HRD-91-14).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1991 (Dec. 17, 1991, GAO/HRD-92-57).

Long-Term Care Insurance: Consumers Lack Protection in a Developing Market (Oct. 24, 1991, GAO/T-HRD-92-5).

Administration on Aging: More Federal Action Needed to Promote Service Coordination for the Elderly (Sept. 23, 1991, GAO/HRD-91-45).

Long-Term Care: Projected Needs of the Aging Baby Boom Generation (June 14, 1991, GAO/HRD-91-86).

Elder Abuse: Effectiveness of Reporting Laws and Other Factors (Apr. 24, 1991, GAO/HRD-91-74).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1990 (Dec. 14, 1990, GAO/HRD-91-47).

Long-Term Care Insurance: Proposals to Link Private Insurance and Medicaid Need Close Scrutiny (Sept. 10, 1990, GAO/HRD-90-154).

Respite Care: An Overview of Federal, Selected State, and Private Programs (Sept. 6, 1990, GAO/HRD-90-125).

Nursing Homes: Admission Problems for Medicaid Recipients and Attempts to Solve Them (Sept. 5, 1990, GAO/HRD-90-135).

VA Health Care: Improvements Needed in Nursing Home Planning (June 12, 1990, GAO/HRD-90-98).

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Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Jan. 31, 1992, GAO/HRD-92-34).

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (Jan. 16, 1992, GAO/PEMD-92-2).

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